



**GOVERNOR'S OFFICE OF  
CRIME PREVENTION, YOUTH,  
AND VICTIM SERVICES**

**FY 2020 State of Maryland Out-of-Home Placement  
and Family Preservation Resource Plan**

*2020 Joint Chairmen's Report - FY 2021 Operating and Capital  
Budgets (Pages 31-32); Human Services Article § 8-703(e)*

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# Executive Summary

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The Governor's Office for Crime Prevention, Youth, and Victim Services has compiled this Report to document the State's capacity for and utilization of out-of-home placements, analyze the costs associated with out-of-home placements, facilitate an evaluation of Statewide family preservation programs, and identify areas of need across Maryland, pursuant to the [Maryland Annotated Code, Human Services Article, § 8-703\(e\)](#) and the [2020 Joint Chairmen's Report \(Pages 31-32\)](#).

The following are highlights from the requirements under State statute and the 2020 Joint Chairmen's Report:

- There were 173 out-of-home residential placement providers for Maryland youth in FY 2020. Approximately 24% were out-of-State programs and another 42% were located in Baltimore City or Baltimore County.
- 7,111 youth experienced at least one out-of-home placement in FY 2020.
- 15,290 different placements were made across all child serving agencies in FY 2020.
- 821 placements were identified as some type of hospital stay which is almost double that from FY 2019.
- 488 placements were made out-of-State in FY 2020 with a majority of those youth going with family members. However, 142 placements were made to out-of-State Residential Treatment Centers.
- Residential Treatment Centers and other high level residential programs do not currently offer the types of services to adequately address the ongoing needs of the youth identified as at risk for a hospital overstay.
- Children needing an out-of-home residential placement only have a 34.5% chance of staying in their home county. The counties with the lowest in-county placements are Baltimore County, Somerset, and Kent.

This Report has been prepared to show the program and service needs for Maryland youth and the strategies each child serving agency will employ in FY 2021 to develop those resources.

## Introduction and Overview

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The purpose of the Report is to document placement trends in Maryland, identify children's needs, and describe how the agencies are meeting those needs. The charge includes creating strategies to close service gaps for Maryland youth requiring an out-of-home residential placement. The Children's Cabinet has long been interested in reducing the number of children who go into placement within Maryland or out-of-State. As FY 2020 concluded, the

Children’s Cabinet created an Overstays Interagency Team to focus on developing the specialized programming needed to keep Maryland youth in-State and providing the appropriate services to meet their needs. While keeping children in-State is not always possible due to service needs or geographic location, the trends have been steadily improving over the past several years.

The Report has been reformulated this year to include additional data and analysis at a granular level that was not previously available. The intent is to provide policy decision-makers with a visual picture of residential child care programs and the youth who utilize them. Community resource development and diversion from these out-of-home placements remain a top priority for all child serving agencies. However, strengthening the quality of existing residential programs and identifying any gaps is the primary goal of this presentation.

The Department of Human Services (DHS), the Department of Juvenile Services (DJS), the Developmental Disabilities Administration (DDA), the Behavioral Health Administration (BHA),<sup>1</sup> and the Maryland State Department of Education (MSDE) each play an important role in out-of-home placements. Throughout FY 2020, 7,111 Maryland youth spent time in an out-of-home residential placement. DHS was the lead agency for the majority of those youth. The agency breakdown is as follows:

Lead Agency	Number of Youth
Autism Waiver	35
Department of Human Services	6283
Department of Juvenile Services	737
Developmental Disabilities Administration	29
Maryland State Department of Education	29
<b>Total</b>	<b>7111</b>

Figure 1

Each Agency uses different terminology to define the types of placements available for a youth based on his or her recommended level of care. This Report has developed common terminology that can be used across the agencies for the purpose of consistency and ease of understanding.

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<sup>1</sup> Due to a change in the contract for the Administrative Services Organization (ASO) that operates the Public Behavioral Health System, the Behavioral Health Administration is unable to provide data for a full year in this year's Report. The new contract went into effect January 1, 2020.

## Agency Roles

Department of Human Services (DHS): DHS has the most children and youth in placement, with approximately 88% of the children and youth who had at least one out-of-home placement in FY 2020. DHS is a placement agency with access to programs both inside and outside of Maryland for children who have experienced abuse and/or neglect, or are unable to remain in their home due to imminent safety concerns at the time of removal. DHS also provides Family Preservation Services (FPS) to families who have experienced maltreatment and/or are at risk of out-of-home placement. A family's risk is assessed in each case by the Maryland Family Risk Assessment and services are then provided based on the results of the family version of the Child and Adolescent Needs and Strengths assessment. The FY 2020 review of the data shows continued success in deterring maltreatment and out-of-home placements when Family Preservation Services are provided and engaged in by the family.

Department of Juvenile Services (DJS): DJS is the second largest youth placing agency, reporting that 737 youth were in an out-of-home placement via court order at some point during FY 2020. DJS is charged with appropriately managing, supervising, and treating youth who are involved in the juvenile justice system in Maryland. Objective screening and assessment tools are utilized to make a placement recommendation to the court, who ultimately decide if a youth will be placed out-of-home. DJS works with out-of-home providers to achieve meaningful improvements in outcomes of the youth served. The overall number of youth out-of-home include youth who have been committed to a placement after disposition of their charges.

DJS has strengthened diversion initiatives to keep lower risk youth from being placed out-of-home. These initiatives include signing pre-court service agreements with lower risk youth and their families, ensuring that services are in place without formal court processing. Additionally, post-adjudication youth are identified to receive services and treatment at home. Out-of-home placements are then reserved for higher risk youth with service needs that can only be met with a committed placement. The number of out-of-home committed placements has declined significantly in recent years, dropping from 931 to 737 youth between FY 2019 and FY 2020.

Developmental Disabilities Administration (DDA): DDA funded 29 youth in out-of-home placements in FY 2020. DDA is not a placing agency and cannot place or fund a youth in an out-of-State placement. However, in-State funded services are available based on meeting eligibility criteria. The youth must also qualify for Home and Community Based Waiver services through the DDA Community Pathways waiver. Eligible placements include developmental disability group homes in a community-based setting. DDA also offers in-home support services through the Community Support Waiver and the Family Support Waiver. These services are meant to support the youth and family in the home to prevent an out-of-home

placement or to support a return to home.

Maryland State Department of Education (MSDE): Similar to DDA, MSDE is not a placing agency. However, MSDE provides oversight, supervision, and direction of the Nonpublic Tuition Assistance Program, which is the State aid program for students placed in nonpublic special education schools through the Individualized Education Program (IEP) process. In FY 2020, 29 youth were placed at a nonpublic residential school.

In addition, the MSDE implements Maryland's Medicaid Home and Community-Based Services (HCBS) Waiver for Children with Autism Spectrum Disorder, otherwise known as the Autism Waiver, which was approved to serve 1,200 participants in FY 2020 and 1,300 in FY 2021. Administration of the Autism Waiver is a partnership between the MSDE and the Maryland Department of Health (MDH). MSDE serves as the Operating State Agency and is responsible for the day-to-day implementation of the Autism Waiver. MDH is the single State Medicaid Agency charged with the administration of Maryland's Medicaid Program and oversight of the Autism Waiver and Autism Waiver Registry (waitlist).

All Autism Waiver services are provided through a fee for service model, which is reimbursed by Medicaid. Residential Habilitation services are community-based residential placements for those youth who cannot live at home because they require highly-supervised and supportive environments. A participant must receive prior approval for this out-of-home placement by the Autism Waiver Multidisciplinary Team (MDT) and the MSDE. The MDT includes professionals from the local school system, the Autism Waiver Service Coordinator, and the parent(s). Residential Habilitation services are offered at a regular or intensive level and reimbursed at one of two rates. The intensive level of service for the child involves awake overnight and a minimum of four hours of daily one-on-one staffing, which must be clearly documented in the participant's individualized residential treatment plan and daily documentation of services provided. Residential Habilitation services are designed to assist participants to acquire, retain, and improve self-help, socialization, and adaptive skills necessary to successfully return home.

In FY 2020, there were 35 Autism Waiver eligible-youth receiving Residential Habilitation services through an approved Autism Waiver provider agency. Eligible community-based placements include group homes licensed by DHS or the Office of Health Care Quality within MDH. No youth placed through the Autism Waiver are in out-of-State placements.

## **Placement Categories**

In Maryland, there are a number of ways to describe the different types of out-of-home residential placements, the services they offer, and the level of care they provide. This Report breaks down the categories as follows:



Community-Based Setting	Non-Community-Based Setting	Other
<u>Family Homes:</u> <ul style="list-style-type: none"> <li>→ Adoptive Home</li> <li>→ Foster Home</li> <li>→ Relative Home</li> <li>→ Treatment Foster Home</li> </ul>	<ul style="list-style-type: none"> <li>→ Residential Treatment Center</li> <li>→ Diagnostic Evaluation Unit</li> </ul>	<ul style="list-style-type: none"> <li>→ Adult Correctional Institution</li> <li>→ College</li> <li>→ Halfway House</li> <li>→ Homeless Shelter</li> <li>→ Jobcorp</li> <li>→ Runaway</li> <li>→ Summer Camp</li> </ul>
<u>Group Homes:</u> <ul style="list-style-type: none"> <li>→ Developmental Disability Group Home<sup>2</sup></li> <li>→ Medically Fragile Group Home</li> <li>→ Regular Group Home</li> <li>→ High Intensity Group Home</li> <li>→ Residential IEP Placement</li> <li>→ Teen Mother Program</li> </ul>	<u>Hospitalization:</u> <ul style="list-style-type: none"> <li>→ Medical Hospitalization</li> <li>→ Psychiatric Hospitalization</li> </ul>	
<u>Independent Living:</u> <ul style="list-style-type: none"> <li>→ Independent Living</li> <li>→ Teen Mother Program - IL</li> </ul>	<u>Juvenile Commitment Placement:</u> <ul style="list-style-type: none"> <li>→ State Facility/Youth Center</li> <li>→ Secure Facility</li> </ul>	

Figure 2

## Out-of-Home Residential Providers

### Providers

The terms “out-of-home residential” placement or provider are used throughout this Report with a broad definition to include any setting in which a Maryland youth may reside outside of their home. This broadened definition allows a review of community and non-community based programs without added confusion.

<sup>2</sup> This type of group home includes Autism Waiver Residential Rehabilitation providers.

Out-of-home residential providers vary drastically in the services they offer, their capacity, and the anticipated length of stay for a youth that is admitted. Appendix A contains self-reported data from each program provider that serves Maryland youth involved with DHS, DJS, DDA, and BHA.<sup>3</sup>

Child serving agencies continue moving toward data integration and increased collaboration through the implementation of CJAMS - the Child Juvenile & Adult Management System. As a result, a more comprehensive near real-time utilization and capacity rates for these programs across agencies is an achievable goal. This increased utilization and capacity view will allow targeted resource development based on the changing needs of the youth in Maryland as well as the changing geographical landscape of the State.

## Services Offered

In 2019, MDH was involved in research to help address post-acute discharge challenges for patients in acute care settings. However, as the work continued, a larger scope of solutions was needed to address some of the strategies for prevention and diversion from acute care settings for complex and high-utilizer patients. This was deemed equally critical to prevent delays from occurring across the continuum of care. This is particularly important in residential settings for youth as there is a broad spectrum of placement types. The post-acute care research identified specific issues that were triggering service gaps in Maryland which led to overstay in acute settings and a delay in obtaining proper placement and treatment. The characteristics for the Maryland youth most in need of specialized services are:

- Autism spectrum disorder diagnoses paired with aggression (directed at self, others, and/or property) or sexualized behaviors
- Developmental delay or disability paired with aggression (directed at self, others, and/or property) or sexualized behaviors
- Youth with a history of:
  - Highly aggressive behaviors
  - Victims of human trafficking
  - Sexual reactive behaviors
  - Fire-setting behavior

Youth with these characteristics require very specialized treatment and often have a clinical recommendation for residential treatment; however, Residential Treatment Centers (RTCs) in Maryland do not offer the programming necessary to meet the youth's needs. Additionally, the RTCs have a minimum IQ requirement which causes youth diagnosed with developmental

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<sup>3</sup> This includes both in-State and out-of-State providers. It does not include the Maryland School for the Deaf and Blind or other out-of-State IEP Residential Placements for youth only accessing services from the Maryland State Department of Education.

disabilities and low IQs to be rejected from diagnostic and RTC placements. Youth with highly aggressive behaviors are also routinely rejected from the public and private RTC providers despite the classification as the most restrictive level of care outside of an acute inpatient setting.

A closer look at Appendix A highlights some of the service gaps in the State that need continued review. For example, youth who are in need of a higher level of care, or have multiple diagnoses, are often clinically recommended for a Diagnostic Evaluation Unit or an RTC. In FY 2020, Maryland had a total capacity of 86 beds in-State for Diagnostic Evaluation Units and 306 RTC beds (*as illustrated below*). Additionally, one of the RTCs closed at the end of FY 2020, leaving only 253 beds available. DHS has also indicated a probable loss of Diagnostic Evaluation beds in FY 2021 due to provider budgetary constraints.

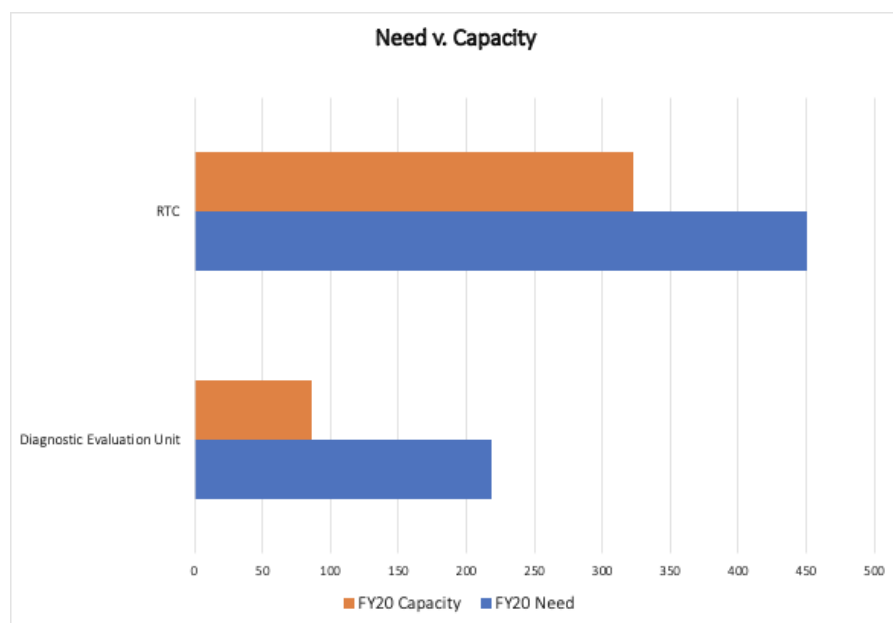


Figure 3

The Children's Cabinet convened an Interagency Overstays Team to address resource development and out-of-home placement concerns for the youth with intensive needs who were often recommended for treatment in one of these placement categories. However, the recent closure of the Jefferson School was reportedly due to a decrease in their placements which caused an inability to continue to operate financially. That would seem to be in direct conflict with the evidence showing a large number of youth being clinically recommended for that level of care and a number of placements that exceeds capacity. However, the child serving agencies have indicated that youth recommended for an RTC level of care are being rejected for admission to these placements despite availability. Interagency team research of this conflict revealed that the issues are multifaceted. RTCs have not modified their services and programming to address the needs of the youth currently recommended for high-level

placement. However, modifying programming would require possible regulatory reform and a modification of rates. Discussions to address the increased intensity of service needs have been ongoing with private and public providers. It is recognized that continued partnerships with these providers is key in bridging the gap between top quality programming and the ability of providers to financially support those services.

MSDE reported additional challenges faced by residential child care providers in the context of children being served under the Autism Waiver. In 2019, the MSDE partnered with the Hugo W. Moser Research Institute at Kennedy Krieger to conduct a survey with Autism Waiver provider agency administrators and Autism Waiver Service Coordinators. Researchers found the most common diagnoses or concerns identified in addition to Autism were intellectual or developmental disability (97%), anxiety (93%), obsessive-compulsive disorder (90%), self-injury (87%), Attention Deficit Hyperactivity Disorder (77%), conduct (aggression, destruction of property) (77%), depression (43%), suicidality (17%), or other (3%). The most common physical health diagnoses or concerns were seizures (63%), difficulty with sleeping (63%), difficulty with eating (57%), allergies (57%), gastrointestinal symptoms (i.e., reflux, heartburn, indigestion) (50%), asthma (30%), or other (10%). This data indicates high levels of co-occurring disorders in individuals served by the Autism Waiver, which creates complex training needs for direct support staff that are difficult for providers to navigate. In addition, youth who have not previously accessed home-based training or support may be more physically aggressive and less receptive to services, and providers may have to methodically create and implement intensive treatment programs. This is further compounded for residential providers, who are tasked with providing support during the day given that schools are operating virtually during the State of Emergency.

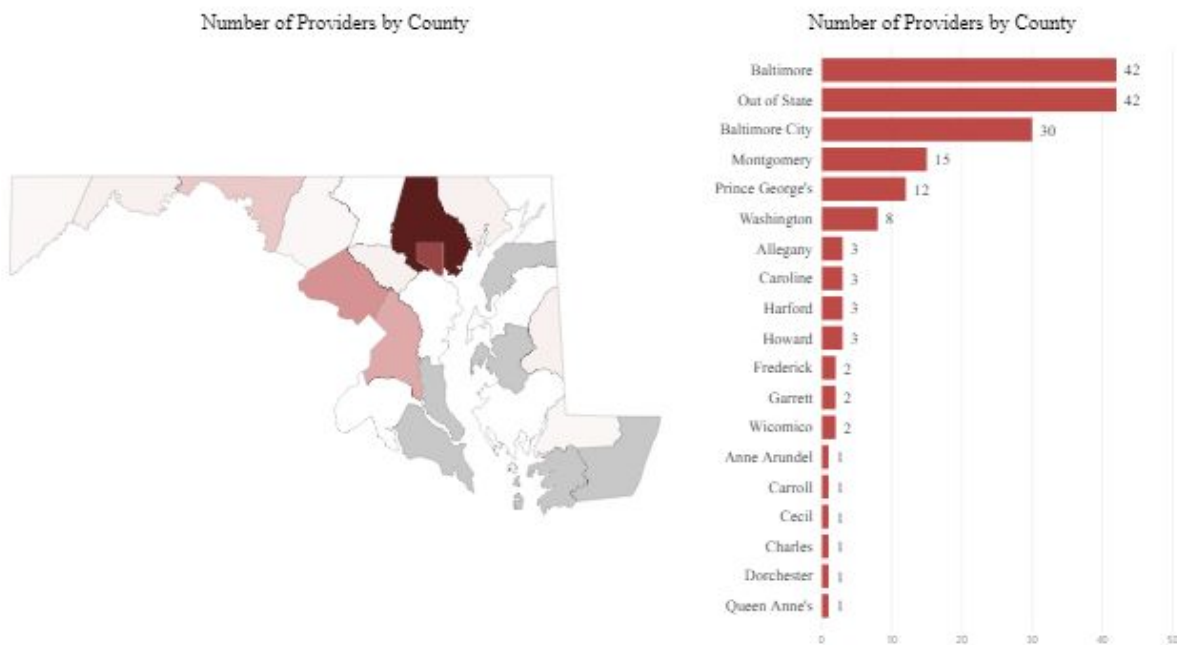
DJS has attempted to solve high-level placements by developing Qualified Residential Treatment Programs that will be eligible for federal funding under the Family First Preservation Services Act (FFPSA). In addition to qualified residential programs, DJS is working in collaboration with DHS to develop intensive and trauma-informed in-home services that would also qualify for federal funding under the FFPSA.

Each child serving agency recognizes the importance of identifying families in need of services before any type of out-of-home intervention is needed. In 2019, the Children's Cabinet added "providing trauma informed care" and "reducing Adverse Childhood Experiences (ACEs)" to its priorities. The data provided for the completion of this Report points directly toward creating trauma-informed services for youth both in and out of their homes in order to reduce the impact of ACEs already suffered, and prevent additional ACEs from occurring.

## **Program Locations**

Keeping youth as close to their homes as possible during out-of-home placement remains a top

priority of the child serving agencies. Higher levels of care tend to be located in Central Maryland with 100% of the residential treatment beds and diagnostic beds located in Baltimore County or Baltimore City. Independent Living programs are also located mainly in Central Maryland as are a majority of group home placements.



**Figure 4**

Figure 4 shows the location of each provider from Appendix A.<sup>4</sup> The largest number of out-of-home residential providers are located in Baltimore County and outside of Maryland. Additionally, four of the five providers in Garrett and Allegany counties are juvenile committed placements only which are used by DJS for youth who have been committed after disposition of criminal charges.

DHS has indicated that seeking opportunities to expand resources in Western Maryland and the Eastern Shore to allow youth to maintain that important link to their home communities is ongoing.

DJS operates somewhat differently as the courts determine the level of commitment once adjudication occurs. The courts can also order a specific type of placement which may limit the ability of DJS to prioritize the physical proximity of a youth from their home. However, the main diversion program within the juvenile justice system in Maryland allows families to enter into an agreement with DJS without court involvement which has significantly decreased the

<sup>4</sup> Treatment Foster Care providers are included in Figure 4. However, treatment foster homes are certified by child placing agencies licensed and contracted through DHS. The location listed above only represents the physical location of the child placing agencies' administrative offices and not each individual treatment home.

need for DJS out-of-home placements.

DDA licenses out-of-home children's residential providers in Central Maryland, Southern Maryland, and the Eastern Shore. DDA continues to seek new providers for all services and licenses adult residential placements Statewide. Therefore, the ability to continue residential services, if needed, can be utilized through DDA.

MSDE does not license residential placements, nor is it a placing agency. As previously mentioned, Autism Waiver provider enrollment is a collaborative effort between MSDE and MDH. Out-of-home residential providers are also available if licensed by DHS or the Office of Health Care Quality at MDH. It is an open and continuous process with the flexibility to educate, screen, and approve providers in order to maintain the standards defined by Code of Maryland Regulations (COMAR) 10.09.56 and approved by the Centers for Medicare and Medicaid Services. The provider enrollment process may be expedited when critical needs are identified. MSDE and MDH onboarded four new Autism Waiver Residential Habilitation provider agencies in FY 2020, bringing the total to nine Autism Waiver Residential Habilitation providers. Autism Waiver Residential Habilitation provider agencies are located in the Central, Eastern, and Southern regions of Maryland.

## Placements

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In Maryland, children enter out-of-home care for a variety of reasons and under many circumstances. Children may be placed in the care and custody of the State when they are determined by the court to be a Child In Need of Assistance (CINA), a Child In Need of Supervision (CINS), or Delinquent. Children can also enter placement through a Voluntary Placement Agreement under which a parent voluntarily places a child in the care of the State. This Report also includes youth that are in a residential nonpublic school placement as determined through the student's Individualized Education Program (IEP), those in a residential placement through the Autism Waiver, or those who have been granted a specific waiver from DDA. Youth in residential placements funded by DDA usually enter care due to emergency situations for the youth or family.

This Report tracks two separate placement trends: (1) the actual number of youth who were in some type of out-of-home placement, and (2) the number of placements made by the child serving agencies. The number of placements is larger than the number of youth because many children are placed in different locations throughout the year due to a change in their service needs or overall circumstances. The Statewide data shows the flow of youth and placements throughout the year. In FY 2020, the number of children who entered an out-of-home placement

and then exited decreased; however, the overall number of placements increased.<sup>5</sup>

## Youth Related Data

At the beginning of FY 2020, there were 4,904 youth in placement across all agencies. At the end of FY 2020, 4,819 youth were in placements across all agencies. This shows there were a lower number of children entering placements as opposed to exiting. While this is a positive statistic, DHS may have seen this decrease due to the COVID-19 pandemic and not a decrease in out-of-home needs.

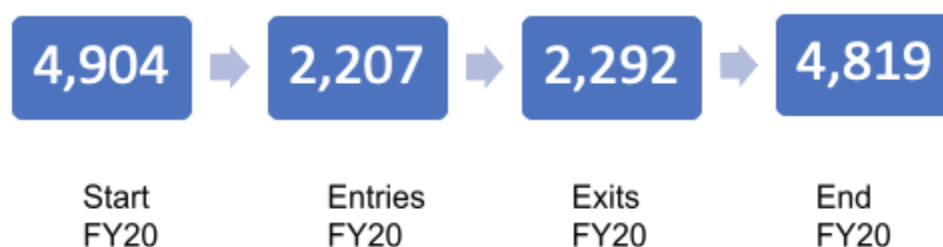


Figure 5

Throughout the year, the total number of different placements made by these agencies was 15,290. In FY 2019, the agencies reported 14,504 placements. While placements in FY 2020 increased, the overall trend in out-of-home placements continues downward. See Figure 11 on the following page.<sup>6</sup>

DHS reported that calls to child abuse hotlines decreased significantly starting in April 2020 as youth were no longer in school. In April 2020, the number of child maltreatment reports dropped by approximately 58% Statewide and continued at that lower rate through the end of the fiscal year. Data from FY 2021 should provide additional insight into out-of-home trends throughout the changing landscape due to the pandemic.

Out-of-home placements can be broken down further to show the Statewide demographics of the youth entering into these different programs.

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<sup>5</sup> All data and the evaluation derived is the result of information provided directly from each child serving agency. The Governor's Office of Crime Prevention, Youth, and Victim Services does not independently collect any data and can only confirm the accuracy of the evaluation based on the data provided.

<sup>6</sup> Figure 11 includes a column for "Average Length of Placement (days)." This average only includes placements that ended at some point in FY 2020. Therefore, if a youth was in a placement on June 30, 2020, no length of stay was calculated as that stay had not concluded. For example, Figure 11 reports 97.64 days as the average length of stay in a Diagnostic Evaluation Unit. However, based on available data, there were 13 youth who were in a diagnostic placement at the end of FY 2020, and had entered more than 98 days prior to June 30, 2020.

Age Interval	Number of Youth	Percentage
0-2	1,767	24.9%
3-8	1,534	21.6%
9-14	1,966	27.6%
15-21	1,844	25.9%
<b>Total</b>	<b>7,111</b>	<b>100%</b>

Figure 6

Race	Count	Percent
Asian	45	0.49%
Black	3561	47.69%
Other	16	0.18%
Two or More Races	3	0.02%
Unknown	1636	27.18%
White	1850	24.44%
<b>Total</b>	<b>7111</b>	<b>100.00%</b>

Figure 7

Hispanic	Count	Percent
No	5417	80.69%
Unknown	1145	11.35%
Yes	550	7.97%
<b>Total</b>	<b>7111</b>	<b>100.00%</b>

Figure 9

Gender	Count	Percent
Female	3279	50.04%
Male	3829	49.87%
Transgender	3	0.09%
<b>Total</b>	<b>7111</b>	<b>100.00%</b>

Figure 8

The numbers in the Figures 6-9 draw attention to the continued need for focus on racial equity in Maryland. African-Americans represent 47.69% of the youth in an out-of-home residential placement in Maryland in FY 2020; however, only an estimated 31.1% of the population. The number of African American youth in an out-of-home placement for FY 2020 was also the highest count experienced by the State since 2016.<sup>7</sup>

<sup>7</sup> This placement trend is being compared to a one-day snapshot of all youth in an out-of-home placement reported in previous Reports.



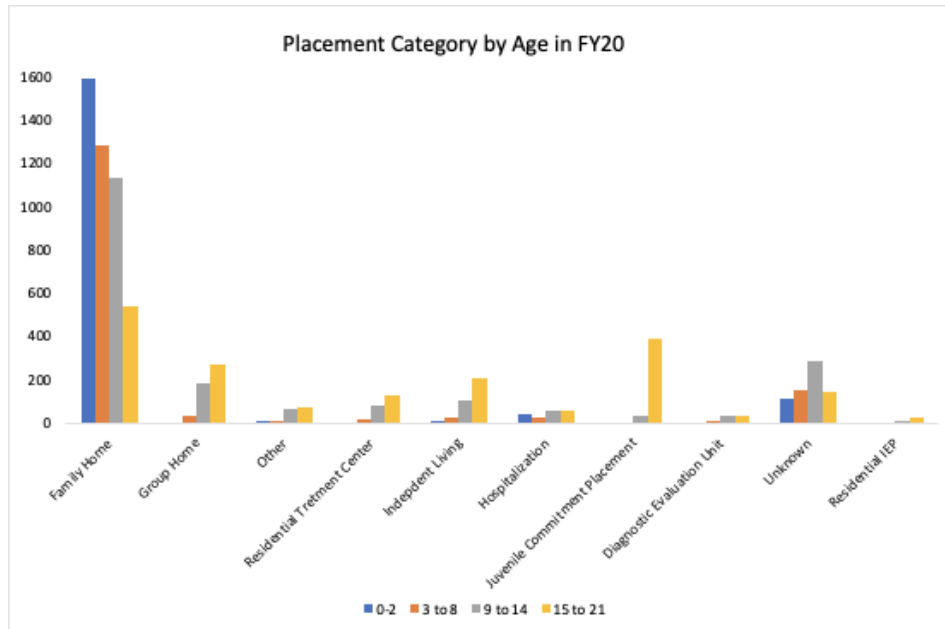


Figure 10

Of the 7,111 youth that experienced an out-of-home placement in FY 2020, approximately 64% were placed in a family home regardless of their age. Family homes can include placements with a blood relative, an unrelated foster home, an adoptive home, or a treatment foster home; however, all placements are in a family home setting.

The chart above clearly shows that the group least likely to be placed in a family home are those ages 15-21. Only 29% of youth, ages 15-21, were able to be placed in a family home.

On the other hand, 91% of children ages 0-2 were placed in a family home by child serving agencies. It should be noted that the next largest placement for this age group is the hospital, most likely due to additional medical needs after birth.

## Placement Related Data

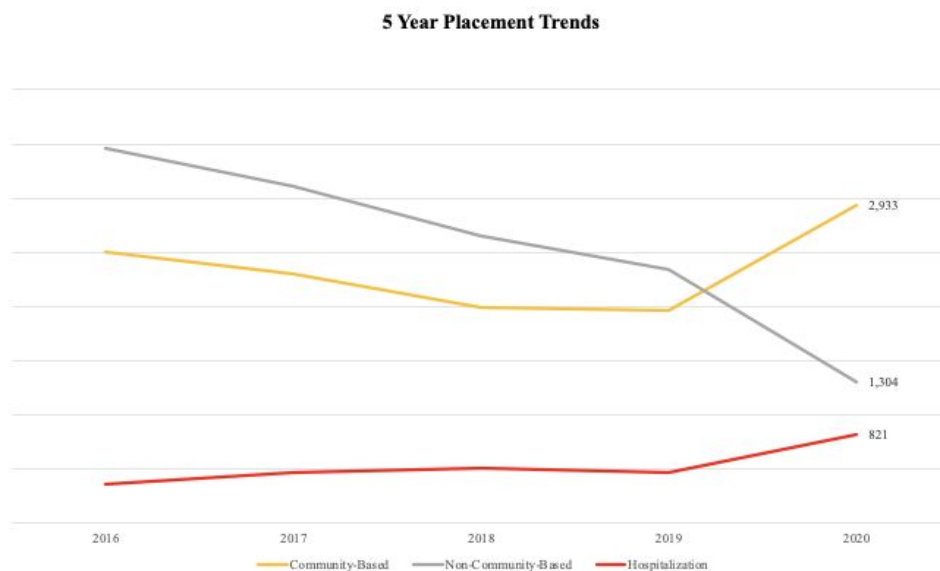
Placement Category	Number of Placements	Percent of Placements	Average Age at Entry	Average Length of Placement (days)	Placements per person
Diagnostic Evaluation Unit	210	1.37%	12.48	97.64	1.03
Family Home	9320	60.95%	7.15	194.67	1.73
Group Home	1319	8.63%	13.79	214.72	1.32
Hospitalization	821	5.37%	10.00	18.71	1.75
Independent Living	912	5.96%	14.32	210.73	1.49
Juvenile Commitment Placement	540	3.53%	16.25	160.46	1.22
Other	775	5.07%	13.54	55.58	1.70
Residential IEP Placement	30	0.20%	17.63		1.03
Residential Treatment Center	451	2.95%	13.57	299.36	1.07
Unknown	912	5.96%	9.60	49.36	1.58
<b>Total</b>	<b>15290</b>	<b>100.00%</b>	<b>9.38</b>	<b>166.29</b>	<b>2.15</b>

Figure 11

Figure 11 shows a total of 15,290 placements were made during FY 2020. This is an increase from FY 2019 which resulted in 14,504 total placements. The number of placements increased from the previous year most likely due to residential changes that were required due to the pandemic. This increase was also impacted by the closure of The Jefferson School, a 53-bed Residential Treatment Center. It is important to note that some of the placement definitions have changed this year in order to present a more representative picture of where youth are placed when out-of-home.<sup>8</sup>

The data also shows that the average number of placements per youth is the highest for those placed in some type of hospital setting. Also noteworthy is the average length of stay for youth in a Residential Treatment Center which is the highest among placement categories. These two statistics support the need for specialized trauma-informed treatment programs for youth needing a high level of care such as a hospital or RTC placement.

Figure 11 also shows approximately 8.63% of youth in out-of-home residential placement were placed in a group home averaging 214.72 days per stay. The Children's Cabinet continues to prioritize the move away from congregate settings; however, approximately 468 of the youth in the group home category were admitted to a high-intensity program. These high intensity programs provide some of the specialized services the youth need without requiring a more restrictive placement such as a hospital or Residential Treatment Center.



**Figure 12**

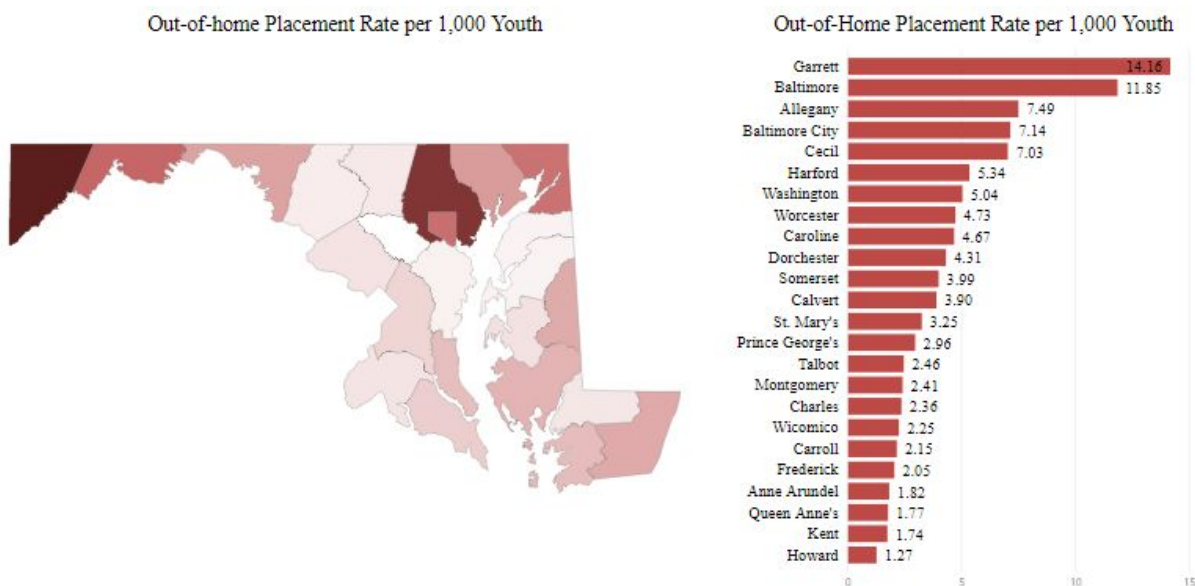
The line graph above shows the data provided by the agencies indicating a steady decline in

<sup>8</sup> In addition to category changes, the Department of Human Services has been integrating CJAMS data software throughout the State which may account for the increase in unavailable data.

the number of non-community based placements and an increase in community-based placements. This trend shows the successful efforts of all agencies to keep children in the least restrictive environment possible. However, the data also shows a sharp increase in the number of hospitalizations in FY 2020.<sup>9</sup>

In reviewing the hospitalization data for those in the care and custody of DHS, there were 791 total hospitalizations - 331 medical and 460 psychiatric. While most children only experienced one incidence of hospitalization (190 medical and 143 psychiatric), there were a select number of children/youth who experienced five or more episodes of hospitalization (seven who represented 248 of the medical hospitalizations and 18 who represented 394 of the psychiatric hospitalizations). Many of the children who enter out-of-home placement through DHS are those who were unable to receive the necessary services at home, meaning they are in need of more intensive services, whether medical or psychiatric.

## County by County Placement Trends Per Youth



**Figure 13**

Figure 13 above looks at Maryland counties and the rate of out-of-home placements per 1,000 youth.<sup>10</sup> The data shows that Western Maryland and the Baltimore area lead the State in placements. Howard and Kent counties have the lowest rate of youth in placement from their counties.

<sup>9</sup> This number includes both medical and psychiatric hospitalizations.

<sup>10</sup> The rates in Figure 13 are based on the total number of youth, under the age of 21, from each county that were in any placement location at any point during FY 2020.

Statewide rate of  
new youth entering  
placement in  
FY 2020 per 1,000



Statewide rate of  
total youth in a  
placement at any time  
in FY 2020 per 1,000



**Figure 14**

Figure 14 details the statewide rate for youth who are in placement at any point in FY 2020 as well as the rate of new entries into placement.<sup>11</sup> Each child serving agency will continue to move toward improvement in these numbers. DHS has reported the goal rate of 1.5 new youth entering placement per 1,000 in every county.

The State has prioritized keeping youth that must go into an out-of-home placement in the least restrictive environment closest to their home. FY 2020 data, provided by the child serving agencies, shows that only 34.5% of youth in an out-of-home placement are actually placed in their home county.

The counties with the largest percentage of their home youth placed out-of-county are Baltimore County, Somerset, and Kent.<sup>12</sup> The counties with the highest percentage of youth being maintained in-county are Queen Anne's, Garrett, and Allegany.

Home County	# of Placements	In-County	Out-of-County	Out-of-State	Unknown
<b>Statewide</b>	<b>15,290</b>	<b>34.5%</b>	<b>52.9%</b>	<b>3.1%</b>	<b>9.1%</b>
Baltimore County	5,627	18.1%	71.2%	1.7%	18.1%
Somerset	51	13.7%	76.5%	2.0%	7.8%
Kent	22	27.3%	68.2%	4.5%	0.0%
Queen Anne's	69	60.9%	26.1%	5.8%	7.2%
Garrett	214	74.3%	13.6%	3.3%	8.9%

<sup>11</sup> Statewide rates in prior reports were based on the number of placements that took place during the fiscal year as opposed to the number of youth that entered a placement. As explained above, the number of placements is much higher per year as many youth experience more than one placement in a year. Therefore, calculating rates using the number of youth in a placement to the number of youth in the State is a more accurate reflection of the data.

<sup>12</sup> Kent County only had 22 placements throughout FY 2020 so the high percentage may not be a good representative of accessible placements.

Allegany	241	62.7%	24.5%	8.3%	4.6%
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Figure 15

Baltimore City and Anne Arundel County are also above the State average in out-of-county placements which is notable given their size and access to local programming. The larger counties of Montgomery and Prince George's are more successful in keeping youth in-county than the statewide average and placed approximately half of their home youth within the county.

These statistics are relevant for several reasons. First, removing a child from their home is a life-changing experience that can cause trauma in addition to the trauma related to the reason for their removal. Second, youth placed out-of-county may have to switch schools and have limited access to their friends and community surroundings. If a youth does not remain in their home school system, additional travel or transportation issues can arise causing more stress on the family.

## Out-of-State Placements

State	Count
AL	8
AR	5
AZ	13
CA	12
CO	1
CT	3
DC	102
DE	21
FL	15
GA	9
IA	22
ID	1
IL	10
IN	4
KY	1
MA	15
ME	2
MI	7
MN	1
MO	3
NC	14
NJ	9
NV	1
NY	6
OH	5
OK	9
PA	89
SC	3
TN	13
TX	3
UT	1
VA	46
WA	3
WI	2
WV	29
<b>Total</b>	<b>488</b>

Figure 16

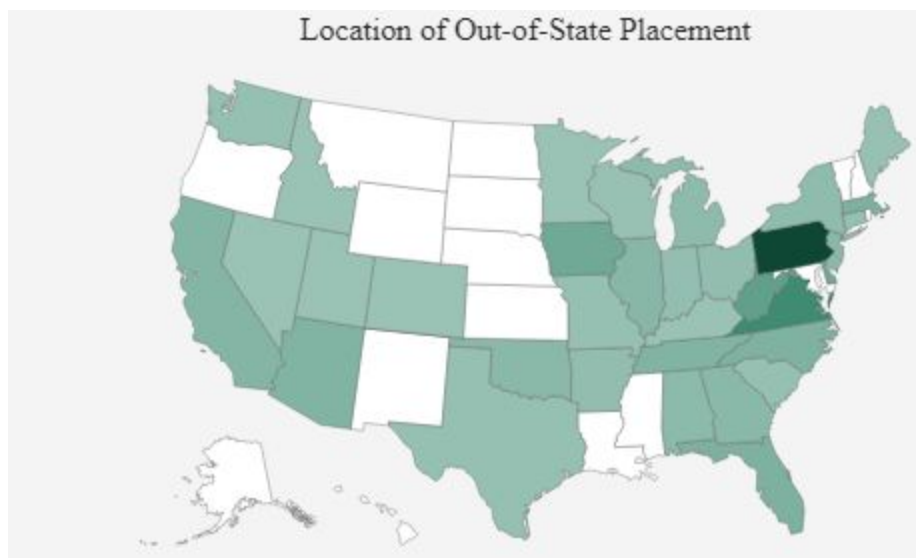


Figure 17

During FY 2020, 488 youth were placed in an out-of-State placement. The data shows that a majority of youth out-of-State reside with family members in a family home setting. However, 142 children were placed out-of-State in a hospital or Residential Treatment Center. It is clear that specialized programming for a high level of care is needed in Maryland if youth are to be kept in Maryland. The four states with the highest number of Maryland youth placed are the District of Columbia, Pennsylvania, Virginia, and West Virginia. It is important to note that some of the

programs in these four states are closer to the youth's home than any in-State option and may better incorporate family participation in the youth's service needs.

DJS continues to show improvement in their out-of-State numbers. They currently have the lowest number of youth placed out-of-State compared to prior years. DJS youth are generally sent out-of-State only after having reviewed in-State options. Placements are generally to secure juvenile programs that have specialized services for youth, and to a lesser extent of RTC-level care. In FY 2020, there were 61 placements to out-of-State programs, down from 91 in FY 2019.

In contrast, DHS is seeing an increase in out-of-State placements with the closure of The Jefferson School and the difficulty in contracting for highly specialized placements due to the rescission of the Request for Proposal from mid-FY 2020.

When youth are placed out-of-State due to a Residential IEP, this situation is somewhat different. For example, a school system may find it necessary to place a student in an appropriate out-of-State residential school because of the highly unique needs of that student. Prior to making this decision for the student, the IEP team must consider the appropriateness of all in-State residential schools, including the proximity of the school placement to the child's home. When considering an out-of-State residential school, the local school system works collaboratively with the MSDE to review the appropriateness of the program and facility to provide education services to Maryland children, and in accordance with COMAR 13A.05.01.12. A review of the profiles of the six students placed out-of-State through the IEP team process reveals that each student exhibits unique and complex needs not able to be met within Maryland.

## **Services Needed and Sufficiency of Supply**

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### **Analysis of Child and Family Needs and Strengths – Family Version (CANS-F)<sup>13</sup>**

Maryland implemented the Child and Family Needs and Strengths – Family version (CANS-F) to support strengths-based service plans for Family Preservation services during FY 2016. CANS-F is an assessment tool completed in collaboration with the family that identifies needs and strengths for both the family as well as individual caregiver(s) and child(ren). Information needed to complete the assessment is also gathered from people who support the family in the community, including other family members, friends, and professionals who work with the family. It should be noted that CANS-F data for Services to Families with Children-Intake (SFC-I) is excluded. It has taken time to ensure that all cases that require a CANS-F are receiving an assessment.

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<sup>13</sup> This section of the Report only applies to the Department of Human Services.

The caseworker must complete a CANS-F within 45 days of acceptance of Family Preservation Services, and then every three months (90 days) until case closure or a change in family circumstances. All families receiving Family Preservation and Interagency Family Preservation need to have a CANS-F completed within 30 days of acceptance and every 90 days until case closure or a change in family circumstances.

The CANS-F assessment consists of eight sections of rated (scored) items covering the following categories: Family & Household (three sections); Family Assessment (two sections); Caregiver Assessment; Culture Assessment; and Child Assessment (which includes Trauma Experiences). Two additional sections are completed when a rating greater than one is made in the items contained in Child Behavioral/Emotional Needs and Child Risk Behaviors.

As mentioned above, Maryland transitioned to CJAMS throughout FY 2020. The CANS-F assessment has also been a challenge to process as it is captured in the same format as the Maryland Family Initial Risk Assessment/Maryland Family Risk Reassessment (MFIRA/MFRRRA). DHS is aiming to improve the consistency with data entry after completion of these assessments and will provide additional training to local staff on the necessary requirements. The CANS-F data for FY 2020 will be available at a later date and will be fully incorporated into the Report for FY 2021.

## Family Preservation Services and the Maryland Family Risk Assessment

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### Family Preservation Services

The Family Preservation program is designed to provide comprehensive, time-limited, and intensive family focused services to a family with a child at-risk for maltreatment. The purpose of Family Preservation is to promote safety, preserve family unity, improve well-being, maintain self-sufficiency, and assist families to utilize community resources. Family Preservation Services are in-home and community-based. Family Preservation Services uses the Maryland Family Risk Assessment, Safety Assessment for Every Child (SAFE-C), and the Child and Adolescent Needs and Strength-Family version (CANS-F) to assess and direct appropriate service interventions.

In FY 2020, Family Preservation Services were provided to 6,473 families across the State of Maryland. As shown below, that is a decrease from the previous two years.

All Cases Served FY 2020			New Cases Served FY 2020	
Fiscal Year	# of Families	# of Children	# of Families	# of Children
FY 2018	7,806	16,416	6,073	12,692

FY 2019	7,406	15,592	5,710	11,853
FY 2020	6,473	13,806	4,874	10,315

**Figure 18**

The measure used to analyze the effectiveness of Family Preservation Services is looking at the number of abuse or neglect findings within one year of service completion or an out-of-home placement within that same time period.<sup>14</sup>

During the past four fiscal years, the percentage of children who have experienced an indicated Child Protective Service investigation that resulted in an indicated finding of child maltreatment during Family Preservation services ranged between 2.5% in FY 2017 and 0.8% in FY 2020 (Table 19). There has been a decrease in the percentage of children who are experiencing indicated maltreatment in the past three years.

Indicated Child Protective Services Investigation					Out-of-Home Residential Placement			
During Services			Within 1 year of Case Close		During Services		Within 1 Year of Case Close	
Year	%	#	%	#	%	#	%	#
FY 2017	2.50%	323	3.30%	438	3.30%	426	1.90%	255
FY 2018	1.30%	216	2.90%	479	3.50%	573	2.30%	308
FY 2019	1.30%	202	2.90%	459	3.00%	465	2.20%	338
FY 2020	0.80%	113	NA until FY21		2.60%	364	NA until FY21	

**Figure 19**

Within one year of case closure, an average of 3.2% of children experienced an indicated finding of maltreatment. Incidents of out-of-home placements during services or closely following, are also extremely low. DHS continues to believe in the effectiveness of Family Preservation Services and the data clearly shows its effectiveness in keeping children safe and in their homes.

## Maryland Family Risk Assessment Evaluation

Data presented here from DHS, based on the Maryland Family Risk Assessment (MFRA) used in MD CHESSIE, offers the advantage of consistency in analyzing data from prior years and consistency within cases. Caseworkers are trained on the MFRA during pre-service orientation and through ongoing supervision.<sup>15</sup>

<sup>14</sup> Only Department of Human Services out-of-home placements are discussed in this section.

<sup>15</sup> Data and analysis from this section only pertains to the Department of Human Services. Since the transition to CJAMS occurred at different times throughout FY 2020, only partial data through MD CHESSIE was available for this Report.



During FY 2020, Maryland transitioned into the implementation of a new process to determine a family's need for services. This new process included utilizing the Maryland Family Initial Risk Assessment (MFIRA) and the Maryland Family Risk Reassessment (MFRRA). The MFIRA is completed when the case first opens and the MFRRA is completed based on the same time frames for reassessment for the previous MFRA Form. The risk ratings in the MFIRA/MFRRA are slightly different than those from the MFRA as there is no risk rating of "None;" the MFIRA/MFRRA ratings are: Low, Moderate, High, or Very High.

DHS' Family Preservation workers are required to complete the MFRA while the family is receiving services. An initial and closing risk assessment is required, as well as additional ratings every three months or when the family situation changes. The assessment is based on research of abuse/neglect that examined the relationships between family characteristics and subsequent negative outcomes for the family. Topics include questions about: (a) History of Child Maltreatment, (b) Type and Extent of Current Child Maltreatment Investigation, (c) Child Characteristics, (d) Caregiver Characteristics, and (e) Caregiver Progress with the Service Plan. A four-level risk rating of no-risk, low-risk, moderate-risk, or high-risk is assigned to determine whether the family should receive Family Preservation Services. The final section of the MFRA is the Overall Rating of Risk. Workers enter their summary risk ratings for the five preceding risk categories before assigning an overall rating of risk for the family. Workers use the overall family risk rating to determine the likelihood of future maltreatment.

The table below shows initial MFRA ratings. Overall, the majority (81%) of families in Family Preservation Services had an initial risk rating of none, low, or moderate in FY 2020. Among Family Preservation Services cases, those with no risk represented a higher proportion of cases than those with high risk, although the proportion with no risk has declined in the past three fiscal years while the percentage of families with high risk has remained relatively the same. Also, the percentage of missing cases increased during FY 2020. In Intensive Family Preservation cases, the proportion of cases with high risk is slightly higher than those with no risk. Overall, just 33% of all families receiving In-Home Services in FY 2020 had moderate to high risk at the initial MFRA evaluation.

Initial Risk Rating based on Maryland Family Risk Assessment						
Year		Percentage				
	Total # of Cases	None	Low	Moderate	High	Missing
FY 2018	7,806	13%	45%	30%	6%	6%
FY 2019	7,406	12%	49%	30%	6%	5%
FY 2020	6,473	9%	44%	28%	5%	14%

Figure 20

## Out-of-Home Placement Costs

Placements are funded in a variety of ways. The agencies may fund the placements, or the placements may be funded by Medical Assistance,<sup>16</sup> which is administered through MDH. Placements may also be co-funded by multiple State and/or local agencies.

Education costs may be covered by the child's local school system, and reimbursed by MDSE, as appropriate, through the Non Public Tuition Assistance Program. Local school systems (LSS) are required to provide a Free Appropriate Public Education for all students who require special education and related services. Special education and related services for children in residential placements are determined through the Individualized Education Program (IEP) team process. An out-of-home placement only occurs for a student placed by a LSS when the team determines that the student requires a residential education facility to provide special education and related services to a child with a disability. MSDE approved residential education facilities (residential schools) may also provide residential services for youth placed for reasons other than education. Otherwise, education costs must be covered by other funds, such as the budgeted placement funding of DHS or DJS, if the child is so committed.

As stated above, FY 2020 saw 15,290 placements associated with child serving agencies in Maryland. However, not every placement is paid by the lead agency. For example, DHS has children in its care who are placed with relatives that are not paid by DHS. Placements for trial home visits are also included in this data and are not paid. Other examples of unpaid placements might include Job Corp and certain Independent Living situations. Therefore, the costs below account for funds for paid placements.

### Statewide Total Out-of-Home Placement Costs<sup>17</sup>

Placement Category	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>Community-Based Residential Placement</b>	\$98,081,692	\$32,187,204	\$82,945,837	\$83,395,896	\$99,602,020
<b>Family Home Settings</b>	\$109,620,603	\$110,164,037	\$107,108,750	\$101,867,273	\$109,377,707
<b>Hospitalization</b>	\$79,220	\$0	\$0	\$0	\$0
<b>Non-Community-Based Residential Placement</b>	\$86,727,368	\$135,224,277	\$67,392,450	\$112,237,092	\$42,821,244

<sup>16</sup> The costs paid through Medical Assistance are not included in this Report. Due to the change in the State Medicaid's Administrative Service Organization, no data was available for FY 2020 prior to the deadline for this Report. All placements and their costs associated with Medical Assistance will be reported for FY 2021.

<sup>17</sup> The Department of Human Services submitted cost data separately from placement data. The cost data reported 11,454 total placements for FY 2020, and payment for 8,005 of that total. The detailed placements data provided by the Department of Human Services shows 14,216 total placements for FY 2020 and that 8,824 should have required payment. The data in this section reflects the financial data provided and not the placement data.

<b>Educational Costs</b>					\$19,912,761
<b>Administrative Costs</b>					\$86,962,864
<b>All Categories</b>	\$294,508,883	\$277,575,518	\$257,447,037	\$297,500,260	\$358,676,596

Figure 21

<b>Statewide Total Out-of-State Placement Costs</b>					
<b>Placement Category</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>
<b>Community-Based Residential Placement</b>	\$8,411,997	\$3,906,819	\$2,243,268	\$2,017,038	\$2,956,950
<b>Family Home Settings</b>	\$56,185	\$83,203	\$223,025	\$186,973	\$244,438
<b>Hospitalization</b>	\$0	\$0	\$0	\$0	\$0
<b>Non-Community-Based Residential Placement</b>	\$10,867,431	\$7,869,601	\$7,220,890	\$8,633,076	\$4,694,327
<b>Educational Costs</b>	\$0	\$0	\$0	\$0	\$2,294,855
<b>Administrative Costs</b>	\$0	\$0	\$0	\$0	\$0
<b>All Categories</b>	\$19,335,613	\$11,859,623	\$9,687,183	\$10,837,087	\$10,190,570

Figure 22

Costs for out-of-State placements decreased from FY 2019 and continues to decrease since FY 2016. DHS noted that out-of-State costs are not likely to remain this low given the closure of high level care programs in the State of Maryland, necessitating increased placement outside our borders.

## Summary and Statewide Strategies

### FY 2020 Highlights

The MSDE focused on enhancements for Autism Waiver prospective providers including: increased frequency of pre-service training, virtual pre-service training, streamlined provider enrollment application process using the electronic Provider Revalidation and Enrollment Portal (ePREP), increased outreach and dissemination of information to support prospective providers, improved technical assistance that includes technical assistance during the application process, and guidelines to assist with developing policies and procedures that meet Autism Waiver COMAR requirements.

In addition, the MSDE and MDH have thought creatively about how to promote collaboration among Autism Waiver stakeholders. The MSDE has cultivated a partnership to explore options to promote the development of a career pathway for direct care workers, improve transition services among the Autism Waiver and DDA, and leverage the current provider infrastructure to support growth for the Autism Waiver. In addition, the MSDE participates in the Home and

Community Based Services Quality Advisory Council with the MDH and representatives from State Waiver programs and State Plan services to implement cross-departmental information and best practices to better serve participants and families.

DJS has seen a reduction in out-of-home placements because of its ongoing reform efforts to reserve the use of out-of-home placement for higher risk youth. DJS also saw out-of-home placement numbers that were significantly impacted by the COVID-19 pandemic. Between March and June of 2020, court and placement activities were significantly slowed or halted. This impacted the numbers of placements, and DJS reviewed all existing placements to identify youth that could safely return home. It is therefore important not to extrapolate future placement trends from the steep declines seen in FY 2020.

This year, DJS expanded on existing opportunities to divert lower risk youth from placement. These include the implementation of a revised structured decision making tool at intake to better identify youth who can be diverted from court. DJS strengthened its Multidisciplinary Assessment Staffing Team (MAST), a specialized diagnostic team responsible for assessing youth who are detained pending court disposition and are at risk of out-of-home placement. Each staffing meeting culminates with recommendations to the juvenile court for program participation and/or treatment services tailored to the circumstances of each youth. Staffings are now more focused on identifying in-home service options, and increasingly have participation of families in the treatment planning process.

DHS remains committed to reducing entries and reentries into out-of-home placement. With the introduction of the child welfare Integrated Practice Model, training efforts have focused on engaging, assessing, and planning with families. Enhancing the use of family teaming emphasizes the family voice as an integral part of child welfare service delivery and will increase family/youth buy-in. Better engagement with families will likely result in improved information sharing which will result in more thorough assessments. Statewide training for child welfare staff on appropriate service planning and monitoring of the plan is ongoing to improve outcomes for youth and families. For children who are at imminent risk of removal, utilization of kin and fictive kin is also being emphasized over any other placement type. These efforts are further supported by the statewide implementation of Maryland's comprehensive case management information system, CJAMS. DHS has been able to develop CJAMS in a way that will promote data collection to continuously inform practice so that adjustments can be made at the jurisdiction or State level.

## **Strategies for FY 2021 and Conclusion**

The Children's Cabinet continues to address out-of-home and out-of-State placements in several ways, including re-establishing interagency collaboration and the development of quality educational, treatment, and residential services in Maryland so that children with intensive needs

can be served in the least restrictive setting appropriate to their individual needs. To this end, the Children's Cabinet convened an Overstays Interagency Team that has been tasked with short-term and long-term resource development to address the concern of youth overstaying medical necessity in hospitals. This Team convened prior to the end of FY 2020 and continues to work on addressing the complex issues facing out-of-home residential placement needs for youth in Maryland.

There are several strategies being implemented to address the short-term and long-term service needs for youth. One short-term goal is to refocus Local Care Teams and increase their involvement with youth requiring high level service needs. As interagency teams within local communities, Local Care Teams are uniquely positioned to close structural gaps between child serving agencies, public and private providers, and hospitals. Additional policies and procedures are being developed with the collaboration of hospitals and Local Care Teams in order to identify youth with high level needs earlier in the process. The Overstays Interagency Team has also prioritized a statewide mobile crisis response that is more uniform and specifically aimed at youth. Mobile crisis is believed to be a pivotal part of reducing hospital visits and out-of-home residential placements by addressing acute situations in the community. Additional community-based services will also be important and should be directly targeted to the areas with high rates of placements.

Developing trauma-informed out-of-home residential placements targeted at the subset of youth identified within this Report is a long-term goal. The success of that goal requires continued partnership with Residential Treatment Centers, high-intensity group home providers, Medicaid, and the licensing agencies. The Overstays Interagency Team has initiated talks with current and prospective providers, in the public and private sectors, in order to accomplish this goal. However, the development and longevity of these programs will hinge greatly on implementation of rate reform and a State Plan Amendment with Medicaid to allow additional funding for a larger number of youth. The Team will continue to research for additional funding opportunities through both State and federal sources. Although DHS is the lead agency on a vast majority of these placements, continued partnership with MDH is critical for the creation of Residential Treatment Centers with enhanced programming and services. Residential Treatment Centers continue to close in Maryland despite an increased need by Maryland youth. Episodes of hospitalizations almost doubled in FY 2020 and may not improve unless appropriate placement resources are developed in conjunction with targeted mobile crisis and trauma-informed community-based services.

The Governor's Office of Crime Prevention, Youth, and Victim Services looks forward to working on these strategies with the Children's Cabinet Agencies in order to ensure the well-being of Maryland youth.